

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

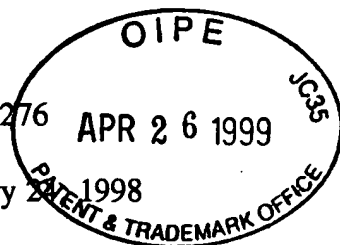
In re Application of )

Shigeru ATSUMI )

Serial No.: 09/028,276 )

Filed: February 24, 1998 )

For: Semiconductor Integrated Circuit )  
Device and Flash EEPROM )



Atty. Docket: 01701.73982

Group Art Unit: 2815

Examiner: J. Fenty

#8a  
301a  
April 29, 99

**AMENDMENT**

Assistant Commissioner of Patents  
Washington, D.C. 20231

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Sir:

This paper is responsive to the Office Action mailed, January 28, 1999 and is filed prior to the expiration of the three-month statutory period for response set to expire on April 28, 1999. Accordingly, it is believed that no fee is due in connection with this filing. In the event that a fee is due, please charge our deposit account no. 19-0733.

**IN THE SPECIFICATION:**

Please amend the specification as follows:

Page 3, line 18, delete "an".

Page 4, line 10, change "of which to" to --which--.

Page 7, line 1, after "drain" (second occurrence) insert --of--;

line 7, after "between" insert --resistors R1 and R2--.

Page 11, line 24, delete "SEVERAL VIEWS OF THE DRAWING" and insert

--DRAWINGS--.

Law Offices  
**BANNER & WITCOFF, LTD.**  
 1001 G STREET, N.W.  
 WASHINGTON, D.C. 20001-4597

In re Application of:

Shigeru ATSUMI

Serial No.: 09/028,276

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For: **Semiconductor Integrated Circuit Device and Flash  
EEPROM**



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Assistant Commissioner for Patents  
 Washington, D.C. 20231

Transmitted herewith is an Amendment in the above-identified application. The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims In Excess of 20	20	20	--	\$ 18.00	\$ 11.00	
Independent Claims In Excess of 3	3	3	--	78.00	40.00	
First Presentation of Multiple Dependent Claims				260.00	130.00	
Extension Fee: a) One Month				110.00	55.00	
b) Two Months				380.00	190.00	
c) Three Months				870.00	435.00	
d) Four Months				1,360.00	680.00	
TOTAL FEE DUE:						

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APR 28 1999

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<input checked="" type="checkbox"/>	No additional fee is required.
<input type="checkbox"/>	A check in the amount of \$* is attached.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.

A verified statement under 37 C.F.R. §§ 1.9 and 1.27

<input type="checkbox"/>	is attached
<input type="checkbox"/>	is of record in this application.

Respectfully Submitted,

BANNER & WITCOFF, LTD.

By: Gary D. Fedorovich #35,509  
 for Joseph M. Potenza  
 Registration No. 28,175

Date: April 26, 1999